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Bib Data Sheet

CONFIRMATION NO. 3934

SERIAL NUMBER 10/817,248	FILING DATE 04/02/2004 RULE	CLASS 435	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 50201/003002
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** CONTINUING DATA ***** *AOK*
 This appln claims benefit of 60/459,910 04/02/2003

** FOREIGN APPLICATIONS *****
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 07/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 21	TOTAL CLAIMS 103	INDEPENDENT CLAIMS 16
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>AOK</i>	INITIALS <i>AOK</i>		

Verified and Acknowledged

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 21559
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TITLE
 Compounds and methods for treatment of thrombosis

<p>FILING FEE RECEIVED 3512</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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